

SERVICE / VEHICLE LICENSURE APPLICATION GENERAL OPERATION

Please describe the **general operation** of your service; including how it will operate in a manner consistent with WAC 246-976, the Regional Plan, and approved Regional Patient Care Procedures. *(Please find this information on our website at www.doh.wa.gov/hsqa/emtp click on "Licensure Processes." If you require hard copies of this information, please contact the Licensing and Certification office, shown at the bottom of this application).* Provide an explanation of your:

1. Dispatch plan

We are dispatched by the County 911 System.

2. Response plan

To send the nearest EMS licensed vehicle (with EMTs) followed by ALS transport, if necessary.

3. Response area

Our response area is the city of Elsewhere (example; from milepost A to Z).

4. Type of transport (emergency and/or interfacility), if any

We provide both emergency and interfacility transport.

5. Tiered response and rendezvous, if any

We provide tiered response with BLS, ILS and ALS (see #2).

6. Back-up plan to respond (may not apply to agencies doing interfacility transports only)

Our back-up response plan is via a mutual aid agreement with Fire Dist. #10.

NOTE: Other services involved in your response plan must be informed by you that they are participants and identified in number 6 above. These agencies must agree to that participation. Attach extra sheets as necessary.

"I hereby affirm and declare that the information provided on this application is true and correct, and that:

- 1. We operate in a manner that is consistent with the Regional Plan and pre-hospital patient care procedures;*
- 2. The vehicles identified on Page 2 meet the minimum equipment requirements for the type of licensure and/or verification requested by our service;*
- 3. We meet the minimum staffing requirements for licensure and/or verification as identified on the attached page;*
- 4. Our EMS Personnel utilize DOH approved Medical Program Director (MPD) protocols; and*
- 5. We maintain current liability insurance coverage."*

Person Completing Application

(Please Print)

Date

Owner/Operator

(Signature & Title)

Date

DO NOT DUPLICATE

OEMTP / L&C, PO BOX 47853, OLYMPIA, WASHINGTON 98504-7853 / (360) 236-2845 / 1-800-458-5281, Ext. #1